



CITY OF BATTLE CREEK, MICHIGAN

UTILITY BILLING OFFICE

REQUEST FOR REDUCTION OF SEWER RATE

1. NAME: _____
2. SERVICE ADDRESS: _____
3. UTILITY BILLING ACCOUNT NO: _____
4. REASON FOR RATE REDUCTION REQUEST: Check One

☐

a. Owner or tenant on vacation

☐

b. Tenant vacates

☐

c. Property vacant and FOR SALE

☐

d. Property vacant and being remodeled

Please reduce the sewer charge at the above address to the current minimum charge from _____
(starting date)

to _____.
(ending date)

DATE OF APPLICATION

SIGNATURE

STREET

CITY/STATE/ZIP

TELEPHONE NO. _____
(Area Code/Number)

Mail completed form to: Battle Creek Utility Billing Office, PO Box 1717, Battle Creek, MI 49016-1717